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# PEER SUPPORT MODELS FOR HARM REDUCTION SERVICES: A LITERATURE REVIEW FOR THE WELLINGTON GUELPH DRUG STRATEGY (WGDS)

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Amber Gillespie\*, Biatris Lasu\* and  
Alexandra Sawatzky\*\*

\*Research Shop Intern – CESI

\*\*Research Shop Project Manager – CESI

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### Contributors

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## SUMMARY

To improve health outcomes among individuals who use substances, it is important to identify and reduce potential barriers to accessing services. Within the City of Guelph, a number of strategies have been developed in response to the growing opioid epidemic including needle exchange programs, publicly available naloxone kits, a mobile health outreach van, and most recently, an overdose prevention site. However, despite a multifaceted approach, it is felt that other approaches are still needed to engage users to encourage safe practices. One such approach includes the use and integration of peers into harm reduction programming.

This review aims to generate a better understanding of current approaches and best practices for peer support models for harm reduction services. This was done to identify and describe processes involved in bringing people with lived experience of substance use into the development and implementation of these services. It is our hope that the findings from this review will be used to help to create a peer support program at the Wellington Guelph Drug Strategy (WGDS).

Our main findings reveal that in the harm reduction community, much effort has been put into understanding the impact of peers in harm reduction programs. Several guiding principles and considerations have been established for integrating peers into harm reduction programs. Additionally, an overview of peer programs developed within North America, Europe, and Australia is presented (see Appendix A) to provide context for the inclusion of peers between different harm reduction settings.



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## INTRODUCTION

The term “harm reduction” refers to policies, programs, and practices focused on reducing the harmful consequences associated with drug use and other risky behaviours (Harm Reduction international, n.d.). Used throughout many fields, harm reduction principles have been applied to programs such as safer sex, substance use, and illicit drug use (Lloyd, 2008). Within the field of illicit substance use and abuse specifically, harm reduction acknowledges that many people are not able or willing to abstain from illicit drug use, and that abstinence should not be a precondition for help (Erickson, Butters, & Walko, 2002). Instead, emphasis is placed on the prevention of harm, as opposed to prevention of drug use itself (Erickson, Butters, & Walko, 2002; and British Columbia Ministry of Health, 2005). Examples of harm reduction programming for substance use includes: needle-exchange programs, supervised injection sites, opioid replacement therapy, methadone and buprenorphine and peer support programming (Beirness, Jesseman, Notarandrea, & Perron, 2008).

The implementation of harm reduction approaches is multifaceted and involved a wide range of individuals of varying backgrounds and disciplines (The Harm Reduction Network, 2008). In particular, peer support programs have been especially valuable in promoting alternative harm reduction behaviours (Smyrnov, Broadhead, Datsenko & Mativash, 2012). Peer support programs engage individuals with prior experiences with personal drug use as peer workers in the provision of services to members of the target population who are currently using drugs (Wilson, Vannice, Hacksel, & Leonard, 2017). Peer workers may be trained or untrained and may offer support in a number of ways such as: mentoring, reflective listening, counselling, and community outreach (Mental Health Commission of Canada, n.d). Peer support is distinct from other forms of social support in that the source of support is peer, a person who is similar in fundamental ways to the recipient of the support and their relationship is one of equality (Mead, Hilton, & Curtis, n.d).

Peer support models have moved beyond the realm of mental health service provision in recent years. Peer programs are being called for in many communities in Canada and throughout the world both at a grass roots level and through the lens of policy. This became evident in 2008 when the Government of Ontario committed to developing a comprehensive 10-year mental health and addiction strategy; and acknowledged the significance of peer support in harm reduction services and strategies in Ontario (Mings & Cramp, 2014).



The Wellington Guelph Drug Strategy (WGDS) has been an important entity in Wellington County and the City of Guelph in providing harm reduction services for those dealing with substance abuse. The WGDS is a coalition of 30 partner organizations who implement a 4-Pillar Drug Strategy in Guelph/Wellington. The 4-Pillars are: (i) Prevention; (ii) Treatment; (iii) Enforcement; and (v) Harm Reduction. The WGDS partner organizations acknowledge the value of each pillar, and in many cases, weave the pillars together in the organization's strategies and responses. In so doing, the organization has been able to make a number of successful strides toward its goal of reducing the harm associated with the impact of substance use in the Municipalities of Wellington County and the City of Guelph (WGDS, 2011).

Currently, the WGDS is focusing on further developing and expanding its harm reduction services by examining and identifying the potential use of peer support models. The WGDS collaborated with the Research Shop at the University of Guelph to design and conduct a literature review on peer support programs that exist in North America. The main goal of the review was to identify and describe existing harm reduction programs that use peer support in addressing substance abuse and other forms of addiction to promote harm reduction at the local-level.

### **Background – What is “Peer Support”?**

For the purposes of this review, the concept of “peer support” is based upon a definition provided by Mings & Cramp (2014):

*“Peer support is about understanding another’s situation empathically through the shared experience of emotional and psychological pain. When people find affiliation with others whom they feel are “like” them, they feel a connection. This connection, or affiliation, is a deep, holistic understanding based on mutual experience where people are able to “be” with each other without the constraints of traditional (expert/patient) relationships. As trust in the relationship builds, both people are able to respectfully challenge each other when they find themselves re-enacting old roles. This allows members of the peer community to try out new behaviours with one another and move beyond previously held self-concepts built on disability, diagnosis, and trauma worldview” (p. 6).*



## METHODS

Primary, secondary, and grey literature from academic and publicly available databases were searched to find information on peer support models. Particular focus was directed toward operational and logistic considerations of these models. Eligible resources were screened for relevance and included for in-depth analyses. A matrix (see Appendix B) was used to organize information from relevant resources under the following categories:

- Background
- Peer Models
- Pros and Cons
- Operation
- Training and Supervision
- Peer Role Management
- Other
- Key Findings

## RESULTS/FINDINGS

51 sources were identified from initial searches and were screened for relevance, focusing on logistic and operational considerations of peer support models. Following this screening, a total of 28 sources were deemed relevant and included for analysis.

### Key Themes

Based on the results of the literature review, four key themes were identified and selected to guide discussion. These themes included:

1. Operational considerations, categorized further into sub-themes of recruitment, training, supervision, and financial considerations;
2. Peer worker challenges and successes;
3. General challenges and barriers to peer support programming; and



#### 4. Recommendations and lessons learned.

### Operational Considerations

#### Recruitment

Peer recruitment strategies varied between programs, but commonly included websites or newspaper advertisements, as well as referrals from inside organizations or from agency partners or from peers themselves (Harm Reduction Coalition [HRC], 2012). For example, to recruit peers to support women with postnatal depression (PND), Carter et al., (2017) used advertisements (e.g. posters) placed in medical centres. These advertisements explained the research project and invited mothers who had previously experienced PND to attend a meeting to discuss the kinds of support they felt a peer support worker should offer to those suffering from PND. Another recruitment strategy was a “chain-referral education and recruitment model” (pp. 142) where injection drug users working with peers were offered opportunities to become a peer themselves (Smyrnov et al., 2012).

#### Training

Many studies and programs used formalized processes to train peer support workers (Carter, Cust, & Boath, 2017; Shoi & Cohen, 2010). Notably, the United Nations Office on Drugs and Crime (UNODC) (2012) and New York State Department of Health AIDS Institute (NYSHAI) (n.d), developed resources to assist other agencies in training peer workers. For example, the UNODC’s (2012) training manual, *Staying Safe: A manual to train peer educators in IDU Interventions*, offered a 5-day training curriculum that could be adapted to suit a specific program. The NYSHAI (n.d.) also provided an adaptable framework for a peer Foundational Training Program that involved in-person training sessions in addition to online courses that peer workers take to work towards a *Peer Certification Program*. Examples of topics included an overview of harm reduction, syringe safety, communicable diseases, listening and communication skills, and cultural competency (NYSHAI, n.d.).

Evaluation of peer knowledge was also found to be an essential component of peer-training programs. For instance, in a peer-driven intervention program for injection drug users in the Ukraine, peer workers were required to complete a knowledge test administered by the facility’s Health Education prior to engaging in peer-driven activities (Smyrnov et al., 2012).



### **Supervision**

Supervision of peer workers enhance program effectiveness (Deering et al., 2016). Supervision was found to vary depending on the organization, program, service, and the peer workers' roles within the program (e.g. outreach, facilitation, etc.). Despite this variation among the supervision of peer workers, most resources described a certain level of oversight of peer workers that required peers to report to program staff.

Owing largely to the challenges and potential vulnerability of peer workers to certain topics, great effort was often taken to ensure that peers were well supported in their roles. Some key responsibilities of supervisors included, but were not limited to, providing guidance to peer workers and supporting their emotional needs (Carter et al., 2017), and creating space for peer workers to express and discuss challenges as needed (Toronto Harm Reduction Task Force [THR], 2003). For example, supervisors could offer support to peer workers as they worked through day-to-day emotional challenges associated with helping others (Deering et al., 2016). To this end, the literature indicated that supervision went beyond management to include mentorship and emotional support for peer workers.

### **Financial Compensation**

Considerations for how peer workers were compensated was an important component of program development. Models of peer compensation ranged from no compensation (e.g. volunteering), to honoraria (typically a cash payment with no tax charges, benefit payments, or other deductions), to payroll systems where peers received an hourly wage for their work. Peers were also compensated in part through incentives such as public transportation passes (Harm Reduction Coalition [HRC], 2012).

Financial compensation was proposed as a possible incentive mechanism for peer workers (THR, 2003). Overall, agencies that provided financial compensation were said to help give peer workers greater opportunities to engage with the economy (United Way of Greater Toronto, 2003). However, in Canada, it was important for peers who received financial assistance from the government (e.g. Ontario Works, Ontario Disability Support Program, or Employment Insurance) to speak with their caseworker to ensure they were not penalized while participating in the program. It was also recommended that peers be informed that they would not be eligible for Employment Insurance or Canada Pension Plan benefits, as honoraria did not carry deductions (THR, 2003).



## Peer Worker Challenges and Successes

### Challenges

Peer support workers encountered many challenges in their work. Some of these challenges included losing one's sense of identity, experiencing triggering experiences while at work (Wilson et al., 2017) a general lack of clarity in understanding of the peer support worker role (Kemp & Henderson, 2012), burn-out (Norman et al., 2008), and difficulties in establishing and maintaining boundaries (Shoai & Cohen, 2008).

Wilson et al. (2017) found that peer workers often had difficulty moving between their identity as a person that used drugs and a person that provided support to others who used drugs. Further, some peers felt that peer support work reduced their sense of identity to that of a person with a history of drug use rather than as more complex individual, which made it difficult for them to move on from peer support work (Wilson et al. 2017).

Another major challenge was the issue of triggering that often occurred as a result of 'drug talk' between peers and participants. When triggered, peers were often not likely to reach out to other staff for fear of being shamed or penalized (Wilson et al. 2017). Sometimes, these triggering experiences led to relapses in substance use among peers. In a study of peer support workers in mental health services in Western Australia, Kemp and Henderson (2012) found that peer workers who experienced relapse of mental illness did not reach for help within the organization. Largely, this was due to concern over returning to work following the relapse, and the perception that staff would consider the peer support workers unable to perform or cope. Similarly, Deering et al. (2016) emphasized the need to appreciate peer support workers' vulnerability to a relapse of their own mental health problems, recognizing the importance of supporting that person's recovery and return to the role when they felt able to do so.

Owing largely to the responsive nature of some peer models, peers could sometimes overextend themselves, resulting in burn-out. Particularly at risk were those individuals without clear understandings of their role in the program, or boundaries between themselves and their clients (Norman et al., 2008).

Lack in role clarification was another major challenge for peer workers (Bassuk et al., 2016). Kemp and Henderson (2012) indicated that a lack of role clarification existed for both peer support workers and program staff. However, as peers were often both insiders and outsiders to an agency, clarifying boundaries could prove to be much more



difficult than with other agency staff. Therefore, it was recommended that peers receive adequate support and training on how to define boundaries with their clients (THR, 2003).

Further, it was difficult for peer workers to maintain role-related boundaries, impacting on working-relationships with other staff including health workers, managers, and supervisors. This inconsistency in peer workers' roles and responsibilities was thought to be partially attributed to the lack in a national certification program across the U.S (Bassuk et al., 2016).

Carter et al., (2017) highlighted role transition as a major challenge faced by peers. It was noted that peers often developed relationships with the individuals they were supporting and became more sensitive and emotionally involved throughout the program. This was a challenge for many peers who were unprepared for dealing with those kinds of emotions. Further, the authors noted that several peers expressed feelings of anxiety when ending the relationship with the individuals they had supported, as they felt they were abandoning those individuals.

### **Successes**

While the primary goal of peer support was often to benefit clients, peers themselves could also benefit from participating in peer-led programs (UNODC, 2012). For instance, Polan et al. (2001) described how youth involved in the Street-Involved Youth Harm Reduction Project (SIYHRP) reported favorably on the experience. Youth cited friendship, skills development, fun, and feelings of accomplishment among the key benefits of participation. Others spoke highly of their supervisors, and reported that their twice-weekly, half-day meetings gave them a chance to escape from their personal realities and to temporarily forget about their problems (Polan et al., 2001).

Penn et al. (2011) noted that several peer workers enjoyed working within an informal program structure, as the inherent flexibility accommodated their current needs, lifestyle, and preferences. The authors further noted that peer workers expressed personal satisfaction from providing peer support, describing how being a peer worker helped them personally, as well as the fulfillment they gained from helping others.

Elsewhere, it was described that peers gained a stronger sense of self-awareness when supporting others in harm reduction services (Carter et al., 2017). In some cases, this self-awareness was generated through methods such as reflective journaling. Gaining a



stronger sense of self-awareness inspired some peer support workers to pursue work in counselling or therapy settings following their experiences.

### General Challenges of Peer Support Program Implementation

Examples of challenges to peer support program implementation included: insufficient funding, inadequate numbers of peer workers, difficulties in meeting programming mandates, or public opposition (Ottawa Sun, 2014; Paperny, 2017; Selley, 2017). As noted within the Regent Park Community Health Centre peer harm reduction program, operational challenges such as a lack of funding hindered overall program development (Penn et al., 2011).

Further, Marshall et al. (2015) described systemic obstacles to peer involvement in harm reduction initiatives such as criminalization, stigmatization, and abstinence-based policy environments regarding substance use.

### Strategies for Addressing Challenges

Determining the effectiveness of different approaches and types of peer support models described in the literature was difficult. This was largely due to the variation in amount, intensity, skill level of peers, service context, and differences in target populations. An important starting point for developing peer models, as indicated by Paterson (2008), was to ask peers themselves how they wanted to participate.

Education and outreach efforts were other approaches used to address issues related to inconsistencies in the requirements and responsibilities of peer support workers. In some cases, an accredited peer support training course with a recognized qualification was recommended. It was seen as important for both peer support workers and team members, including managers, to receive information about the role of peer workers, potentially through the creation of a peer support manual or handbook (Kemp & Henderson, 2012).

Finally, engaging peers in the planning, implementation, and evaluation of harm reduction services could offer important benefits for those accessing the service. Direct engagement with peers could also contribute to accessibility, and effectiveness of the service itself (Paterson & Pamessa, 2008). For instance, peer workers could help to expand the reach of harm reduction services to individuals who may otherwise not be willing to speak with service providers or healthcare workers (Marshall et al., 2015). Efforts to improve accessibility often led to more successful outcomes, as in the peer-



driven model described by Deering et al. (2009) that focused on increasing access to antiretroviral therapy and HIV care among Street-Entrenched HIV-Positive women in Vancouver. The involvement of peers made the program more accessible, and ultimately had a positive impact on adherence outcomes among the target population.

## IMPLICATIONS AND OPPORTUNITIES FOR FURTHER STUDY

Findings from this review offer critical suggestions regarding the development and implementation of effective peer support programming within the context of harm reduction services for opioid use. Through examining operational and logistics aspects of peer support models, it is our hope that the themes identified in this review will serve as a foundation for the WGDS team to develop and implement an effective peer support program to reduce and mitigate the effects of substance use and abuse within the Guelph Wellington Community. Further, as the WGDS is planning an upcoming “Year of the Peer” conference in fall of 2018, we also hope that the information provided within this report will assist the WGDS in their conference planning efforts.

The research findings suggest that more literature is needed in this topic (Bassuk et al., 2016; Markwick et al., 2014; Marshall et al., 2015). While the current evidence provides good descriptive content, several gaps persist in research, particularly in the context of peer harm reduction best practices. Also, further research is still needed to determine the effectiveness of different approaches and types of peer support services with regard to the amount, intensity, skill level of the peer, service context, and effectiveness among different target populations (Paterson, 2008).

## CONCLUSIONS

The main conclusions of this literature review are the following:

- There was no standardized method of recruitment - organizations used different strategies to recruit peer workers, such as traditional advertisements, referrals from inside organization, agency partners, or through informal networks.
- Training of peer workers varied depending on the peer program, organization and the role of peers in the program.
- Peer programs involved a certain level of supervision, and the responsibilities of supervisors often included management and capacity-building of peer workers.



- Financial compensation models included: Hourly wage, biweekly, or monthly, honorarium, transportation pass, and volunteer.
- Peer workers challenges included: lacking an understanding of peers' roles and responsibilities, difficulties separating their identities as people who use drugs and help other who use drugs. This often manifested in difficulty of reporting issues of triggering, reluctance to use the agency's harm reduction services, and feeling stuck in positions that were dependent on a drug user identity.



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## APPENDIX A: PROGRAMS REVIEWED

### The Mobile Access Project (MAP)

#### Program Description

This was a three-year pilot project administrated in partnership by the WISH Drop-in Centre Society, the Prostitution Alternatives Counselling and Education Society (PACE), and the Vancouver Agreement Women's Strategy Task Team to address violence against women sex workers in the Downtown Eastside (Jessen et al., 2009). Through Mobile Access Project (MAP), a van service was implemented to provide shelter, resources, and medical help to women working on the street. The objectives of MAP were to:

1. Increase the number of safe places for survival sex workers and sex workers in Vancouver;
2. Contribute to immediate and on-going harm reduction for women sex workers; and
3. Provide opportunities for training and employment for former sex workers.

#### Population

The target population of the MAP was sex workers in Vancouver's Downtown Eastside.

#### Description of Peer Involvement

Peer workers served one or more roles within MAP. For example, peers assisted program coordinators in the operation of the van, provided peer counselling, and/or provided outreach, resources, and other information.

#### Impacts of Peer Involvement

Based on a 2006 evaluation, the program is meeting its short-term goals and has several positive impacts among sex workers. For example, over the first two year of its operation, the number of contacts with women using the van expanded from 500 to 1500 women per month. Van staffs and coordinators reported that the women who used the van service felt more comfortable and opened up more when they realized that the



staff were their peers. Further, ninety-five percent of women who accessed the van service reported that they felt valued by van staff.

## **Parkdale Community Health Centre**

### **Program Description**

The Harm Reduction program at the Parkdale Community Health Centre was developed to address the spread of HIV/AIDS among the community (Weafer-Schiarizza, 2011). Key program staff included the HIV/AIDS Harm Reduction Workers, the Director of Population Health and Community Engagement, and peer workers. The City of Toronto's AIDS Prevention Community Investment Program currently funds the program.

### **Population**

The Parkdale Community Health Centre offered services to individuals with HIV/AIDS. This includes: those who used drugs, engaged in sex work, without a permanent housing, Indigenous persons living off-reserve, and/or were newcomers to Canada.

### **Description of Peer Involvement**

Peer workers at Parkdale are mainly involved in community outreach activities.

### **Impacts of Peer Involvement**

Based on an evaluation of the Health Centre's services, the health centre was achieving its short-term objectives.

## **The Street-Involved Youth Harm Reduction Project (SIYHERP)**

### **Program Description**

The SIYHERP was developed by the Addiction Research Foundation in collaboration with an advisory group of providers from agencies serving street-involved youth in Toronto (Polan et al., 2002). The objective of the program was to develop and implement harm reduction services for street-involved youth using a participatory process.



### Population

The target population of the Youth Harm Reduction program was homeless street youth who used drugs in Toronto.

### Description of Peer Involvement

Youth living on the street were involved in the development of the program and conducted research among their peers to create harm reduction materials specific to youth. With training and advice from program facilitators, these peer workers led focus groups and follow-up interviews with a diverse cross-section of 60 street-involved youth who were recruited from a gay and lesbian community centre, a native agency, hostel in the suburbs, drug treatment agency, a drop-in health clinic and sex-trade workers' agency.

### Impacts of Peer Involvement

Despite the challenges inherent in participatory action research and its evaluation, street youth and peers who participated in it regarding the program as an empowering experience.

## **Piloting a Peer-Driven Intervention Model to Increase Access and Adherence to Antiretroviral Therapy**

### Program Description

A peer-driven intervention (PDI) was developed to support uptake and adherence to highly active antiretroviral therapy (HAART) among female sex workers who used illicit substances in Vancouver (Deering et al., 2009). This PDI model was composed of weekly peer support meetings, a health advocate (buddy) system, peer outreach services, and onsite nursing care.

### Population

The target population was female sex workers who used illicit substances in Vancouver.

### Description of Peer Involvement

Peer workers took an outreach role in the program.



### Impacts of Peer Involvement

Although long-term treatment success was difficult to predict, the PDI approach to HIV treatment support was described as a promising program for women who might otherwise be excluded from treatment altogether.

## Community-Based Hepatitis C (HCV) Health Liver Program

### Program Description

Established in 2006, the Healthy Liver Clinic (HLC) in Melbourne Australia aimed to provide treatment for HCV and opioid dependence (Norman et al., 2008). Through the HLC physicians, nurses, pharmacists and peer workers provided a range of services including education, support, HCV testing, immunizations, treatment for HCV infection and mental illness, and harm reduction services such as safe injection equipment and information.

### Population

HCL clients consisted of local community members who require anti-viral treatment for HCV infection and/or opioid substitution treatment.

### Description of Peer Involvement

Employed peer education officers provided clients support throughout all aspects of their treatment (before, during, and after). Some examples of peer tasks include the facilitation of clinic referrals, the identification of client barriers to treatment (and subsequent removal of barriers if able), education, attending client consultations, driving clients to their appointments, reimbursing drug fees, and arranging additional services.

### Impacts of Peer Involvement

The impact of peer education officers within this setting was largely positive. Benefits to peer programming included reports that clients were more likely to disclose information to peers and that clients identified closely with their peer workers that created a non-judgemental atmosphere of trust and empathy. Through participation in this program, peer education officers had increased social connection and felt empowered with a voice to advocate for their peers. Some cons to this model identified included the role of the peer as being labour intensive.



Lack of defined roles and boundaries were believed to be a contributing factor and concerns were raised that this might result in peers becoming burn-out.

## Peer Driven Intervention Model

### Program Description

The Peer Driven Intervention (PDI) model was a “chain-referral education and recruitment outreach model” (pp. 142) which used and rewarded peers for performing program activities (Smyrnov, Broadhead, Datsenko, & Mativash, 2012). A key component of this model was that each engaged injecting drug user (IDU) was offered an opportunity to become actively involved in the program by becoming a peer recruiter/educator. To this end, peers were given three coupons as part of the education and peer-recruitment process, which assisted the project with tracking recruiter-recruit chains.

### Population

The population served through this model were IDUs within five Ukrainian urban areas. Peers in this study were current IDUs.

### Description of Peer Involvement

Within the PDI model, peer activities included educating users about HIV prevention (which included the distribution of harm reduction health information), the recruitment of IDUs to participate in health/risk assessment interviews, free HIV-testing, counselling, and other services.

### Impacts of Peer Involvement

The most significant impact observed with the integration of peers into the city’s harm reduction projects was that peers were 6.3 times more successful in recruiting IDUs than efforts through traditional recruitment methods. Additionally, peers were more successful in engaging and recruiting those at a greater risk of contracting HIV such as women and younger users.



## The Peer Support Community (PSC) Housing Program

### Program Description

Designed by an occupational therapist, the peer support community (PSC) program was developed to understand and address the problem of substance relapse while in permanent supportive housing (Boisvert, Martin, Grosek, & Claire, 2008).

### Population

To enter the program, clients had to have completed substance use disorder treatment (were three months sober) and were all-homeless prior to admission. The definition of who constituted a peer, or how peers were recruited to the PSC program, was unclear.

### Description of Peer Involvement

Peers worked with clients to help them transition from homelessness to having permanent housing and to maintain abstinence from substance use including alcohol abuse.

### Impacts of Peer Involvement

Prior to the development of the PSC program, clients experienced a 24% chance of substance abuse relapse. However, through peer-client engagement, relapse rates dropped to 7%. Relapse rates also significantly decreased following peer program development. Here, the relapse rate prior to peer integration was 85%. Following peer integration, this rate dropped to 33%.



## APPENDIX B: PRIMARY RESEARCH STUDIES REVIEWED

### Supporting Women with Postnatal Depression

#### Study Description

To examine the impacts of peer workers on health outcomes among mothers suffering from postnatal depression (PND), a randomized controlled trial was conducted that compared health outcomes between two groups of mothers with PND (Carter et al. 2017). One group sought routine care services with peer support, and the other group sought services without peer support.

#### Population

The target population of this program was mothers suffering from PND.

#### Description of Peer Involvement

Peer workers served as counsellors to mothers suffering from PND. Peers visited mothers suffering from PND once a week for 3 months and maintained a reflective logbook during the visiting period.

#### Impacts of Peer Involvement

Several peer workers noted that their perception of their role evolved throughout their support work. Indeed, these roles were described by one peer as an opportunity for a “journey of self-awareness.” Inspired by their experiences, three of eight peer workers went onto pursue work in counselling or therapy settings.

### Peer-Delivered Recovery Support Services for Addictions in the United States

#### Study Description

The research summarized the evidence on the effectiveness of peer-delivered recovery support service for people in recovery from alcohol and drug addiction (Bassuk et al., 2016).



### Population

The target population of the program was people who are recovering from alcohol and drug addiction.

### Description of Peer Involvement

Peer workers provided non-professional, non-clinical assistance to support individuals' long-term recovery from drug addiction. Peers served as recovery coaches that assisted others in initiating and maintaining recovery. Peer recovery coaches worked as volunteers or as paid service workers.

### Impacts of Peer Involvement

Participation of peers in recovery support interventions had a positive contribution to substance use outcomes among individuals who participated in the program.

### **Willingness to engage in peer-delivered HIV voluntary counselling and testing among people who inject drugs in a Canadian setting**

#### Study Description

The research study examined the effects of peer-driven HIV/AIDS resource provision, counselling and testing for individuals who suffer from substance abuse and sex workers in Vancouver's Downtown Eastside (Markwick et al., 2014).

#### Population

The target population of the program was people who were HIV/AIDS positive, and those who used safe injection sites in Vancouver's Downtown Eastside.

#### Description of Peer Involvement

Peer workers in the program took the role of counsellors and administered HIV/AIDS tests.

#### Impact of Peer Involvement

A peer driven model of HIV/AIDS testing and counselling showed that there was a high willingness among the target population to receive peer-delivered HIV volunteer



counselling and testing. However, willingness was often determined by several external factors, including previous exposure to peer-to-peer programming. Overall, peer involvement in this program improved access to HIV testing among the target population.

## **Peer Support Technicians (PSTs) for Veterans with Mental Illness**

### **Study Description**

As part of a larger study, the purpose of this research was to describe the integration of Peer Support Technicians (PSTs) within three Veterans Administration mental health clinical team using the stages of the Simpson Transfer Model (STM): Exposure, adoption, implementation, and practice (Shoai & Cohen, 2010).

### **Population**

The target population for PST use was veterans who were cared for by the Mental Health Intensive Case Management (MHICM) teams. To be eligible for care for by the MHICM, veterans had at least 3 psychiatric hospital admissions or at least 30 in-patient psychiatric hospital stays within the past year and had a primary mental illness diagnosis.

### **Description of Peer Involvement**

Though peer roles varied according to the assigned MHICM clinical team, each team utilized the STM to integrate PSTs into their specific program. Once integrated, peers moved through a certification curriculum as part of their training process.

### **Impacts of Peer Involvement**

At the time this research was undertaken, only one peer has been successfully integrated into the MHICM clinical team. As the purpose of this research was to describe the integration of PSTs, the impact of the PST role within this setting had yet to be evaluated.



## Peer-Engagement of Crack and Methamphetamine Smokers

### Study Description

The purpose of this research was to explore the role of peers in reducing risk factors for morbidity of crack and methamphetamine users and to investigate changes in drug use when an unsanctioned smoking facility closes (Jozaghi, Lampkin, & Andersen, 2016).

### Population

Users recruited to participate in this study were people who engaged with Vancouver Area Network of Drug Users (VANDU) in the past to obtain harm reduction smoking paraphernalia, were currently poorly housed or homeless, and had used supervised smoking rooms (SSR) in the past. Peers were current or former drug users employed with VANDU who volunteered with VANDU (or other harm reduction programs) on a weekly basis and were knowledgeable of harm reduction philosophy.

### Description of Peer Involvement

Primarily through the VANDU, peers worked to engage users to educate them on safe consumption practices, where to purchase their drugs, and distributed safe consumption paraphernalia.

### Impacts of Peer Involvement

Through harm reduction education on safe principles for smoking drugs, and through the distribution of safe equipment, peers were found to be successful in encouraging users to consume inhaled drugs safely (especially around the use of crack pipe screens). In conjunction with an SSR, peers were also successful reducing the risk of the acquisition of blood-borne pathogens and respiratory infections, and in improving overall health and well-being.

## Peer Hepatitis C Support in Opioid Substitution Clinics: The ETHOS Study

### Study Description

The purpose of this primary research study was to examine the performance of two community-based peer support services aimed at providing hepatitis C virus (HCV)



assessment and treatment to those with a history of injection drug use (the ETHOS study) (Treloar et al., 2015).

### Population

The program's target population included those who used opioid substitution treatment clinics and required HCV treatment. The peer group were current clients within opioid substitution clinics.

### Description of Peer Involvement

Within the opioid substitution clinic, peers worked to support clients throughout all stages of their HCV treatment journey including having a presence during pre-treatment counselling, the treatment preparation phase, and during treatment. Additionally, peers worked to recognize and address knowledge treatment gaps, facilitated referrals, and accompanied clients to their appointments.

### Impacts of Peer Involvement

Overall, this study found that peers were well received by staff and clients within an opioid substitution clinic setting. Moreover, peer support services were found to achieve established peer goals of building client trust, providing support, and engaging clients requiring HCV treatment.



## APPENDIX C: LITERATURE REVIEW MATRIX – ANNOTATED BIBLIOGRAPHY

Source Citation (APA)	Key Characteristics	Contributions to this Review	Relevant Findings
<p>Norman, J., Walsh, N.M, Mugavin, J., Stooove, M.A., Kelsall, J., Austin, K., et al. (2008). The acceptability and feasibility of peer worker support role in community based HCV treatment for injecting drug users. <i>Harm Reduction Journal</i>,5(8), pp. 1-9.</p>	<ul style="list-style-type: none"> <li>• Peer-reviewed</li> <li>• Peer population: Employed Australian peer education officers</li> <li>• Target population: Injecting drug users with hepatitis C</li> </ul>	<ul style="list-style-type: none"> <li>• Background</li> <li>• Peer Models</li> <li>• Pros and Cons</li> <li>• Operations</li> </ul>	<ul style="list-style-type: none"> <li>• The purpose of this research was to evaluate both the peer and service user perspectives regarding this service model.</li> <li>• Users felt that having a peer contact made them more likely to 'stick' with the program. That they were not a healthcare provider, helped the user feel more comfortable engaging with peer support.</li> <li>• Peers' roles involved removing barriers to treatment when possible, exploring the pros and cons of pursuing treatment with clients, attending clinical consultations with the client, driving clients to and from their appointments if needed, meeting face-to-face or by phone if needed</li> <li>• Cons to this model include that the role of the peer is labour intense and therefore it is recommended that similar models work towards clearly defined roles and explicitly state to clients the nature of the support to be</li> </ul>



Source Citation (APA)	Key Characteristics	Contributions to this Review	Relevant Findings
			provided to ensure that peer staff do not 'burn out.'
<p>Shoai, R., &amp; Cohen, A. (2010). Using organizational change strategies to guide peer support technician implementation in the Veterans administration. <i>Psychiatric Rehabilitation Journal</i>, 33(4), 269-277</p>	<ul style="list-style-type: none"> <li>• Peer-reviewed: Randomized control trial</li> <li>• Peer population: Veterans living with mental illness</li> <li>• Target population: Veterans in treatment for mental illness</li> </ul>	<ul style="list-style-type: none"> <li>• Peer Models</li> <li>• Operations</li> <li>• Training and Supervision</li> <li>• Peer Role Management</li> </ul>	<p>Some logistics that were found to be beneficial included:</p> <ul style="list-style-type: none"> <li>• Having a team leader to communicate the need and purpose of the Peer Support Technicians (PSTs) to the rest of the team</li> <li>• Peer project staff developed presentations to educate other staff</li> <li>• An implementation team was formed to integrate PSTs into the organization, and this group met twice to tailor the role of the PST to their team</li> <li>• The PI engaged in a consensus-building process of the role of the peer</li> </ul> <p>Key findings from the study included:</p> <ul style="list-style-type: none"> <li>• PSTs should be involved in all aspects of program delivery</li> <li>• Desirable characteristics of PSTs include: having prior work experience, familiarity with</li> </ul>



Source Citation (APA)	Key Characteristics	Contributions to this Review	Relevant Findings
			<p>the program, experience running peer support groups, some experience with prior hospitalizations and substance use</p> <ul style="list-style-type: none"><li>• Clear role definitions and job duties and specialized training for the role (**Within this document was a 'certification curriculum')</li><li>• PSTs documented visits/interactions in the client's medical record</li><li>• PSTs were supervised predominately by members of the clinical psychologists – but others may step into supervise</li><li>• With regard to boundaries (if peers were a personal friend of someone they interacted with in the clinic) – they would proactively discuss the limits of the partnership</li><li>• PSTs should be comfortable sharing their lived experiences</li><li>• There should be sufficient planning time for developing the program</li></ul>



Source Citation (APA)	Key Characteristics	Contributions to this Review	Relevant Findings
<p>Greer, A.M., Luchenski, S.A., Almanil, A.A., Lacroix, K., Burmeister, C., &amp; Buxton, J.A. (2016). Peer engagement in harm reduction strategies and services: a critical case study and evaluation framework from British Columbia, Canada. <i>BMC Public Health</i>, 16(1), pp. 1-9.</p>	<ul style="list-style-type: none"> <li>• Peer-reviewed: Described and evaluated peer engagement in British Columbia from 2010–2014</li> <li>• Peer population: Individuals currently using drugs or who have used drugs</li> <li>• Target population: Included anyone who used drugs</li> </ul>	<ul style="list-style-type: none"> <li>• Background</li> <li>• Operations</li> <li>• Training and Supervision</li> </ul>	<ul style="list-style-type: none"> <li>• An excellent one-page summary of findings is presented in Table 2 of this study, including the constructs explored, lessons learned, evidence of progress, and opportunities for improvement.</li> </ul> <p>Recommendations for peer engagement in harm reduction initiatives included:</p> <ul style="list-style-type: none"> <li>• Create low barrier, low threshold environments adapted to the peers involved</li> <li>• Use reflexivity, reflecting, and learning through the process</li> <li>• Define roles and expectations for all stakeholders</li> <li>• Be conscientious of who is at the table and prioritize traditionally under-represented peer</li> </ul>



Source Citation (APA)	Key Characteristics	Contributions to this Review	Relevant Findings
			<p>groups (e.g. those from rural and remote communities)</p> <ul style="list-style-type: none"> <li>• Develop formal best practice peer engagement guidelines</li> <li>• Ensure consistency across regions and stakeholders</li> <li>• Provide support for building and connecting new and existing peer networks</li> <li>• Make the most of and expand on capacity that has already been built</li> <li>• Promote ongoing commitment to the process from all stakeholders</li> </ul>
<p>Smyrnov, P., Broadhead, R.S., Datsenko, O., &amp; Matiyash, O. (2012). Rejuvenating harm reduction projects for injection drug users: Ukraine's nationwide introduction of peer-driven interventions. <i>International Journal of Drug Policy</i>, 23, pp. 141– 147.</p>	<ul style="list-style-type: none"> <li>• Peer-reviewed: Aimed at understanding assessing the effectiveness of peers as a recruitment mechanism for</li> </ul>	<ul style="list-style-type: none"> <li>• Background</li> <li>• Peer Models</li> <li>• Operations</li> <li>• Training and Supervision</li> </ul>	<ul style="list-style-type: none"> <li>• This study outlined a peer recruitment and outreach model – see article for more in-depth information including initial recruitment, training, and payment for services on the peer and target group ends.</li> <li>• The PDI Model is a “chain-referral education and recruitment outreach model that relies on [peers] earning per-task nominal rewards to carry-out the core activities” (pp. 142).</li> </ul>



Source Citation (APA)	Key Characteristics	Contributions to this Review	Relevant Findings
	<p>users to a HIV prevention program</p> <ul style="list-style-type: none"> <li>• Peer population: Current injection drug users (IDUs)</li> <li>• Target population: Injection drug users</li> </ul>		<p>Coupons provided to peers allow the project to keep track of the recruitment chain. Overall, this study demonstrates that peers are a powerful recruitment mechanism (in this study, peers were 6.3 times more powerful in recruiting users to a HIV prevention program).</p>
<p>Boisvert, R.A., Martin, L.M., Grosek, M., &amp; Claire, A.J. (2008). Effectiveness of a peer-support community in addiction recovery: Participation as Intervention. <i>Occupational Therapy International</i>, 15(4), 205-220.</p>	<ul style="list-style-type: none"> <li>• Peer-reviewed: Sought “to determine whether a peer-support community programme would reduce relapse rates among clients recovering from substance addictions and homelessness and result in increased perceived community affiliation, supportive behaviors, self-</li> </ul>	<ul style="list-style-type: none"> <li>• Background</li> </ul>	<ul style="list-style-type: none"> <li>• The peer support community (PSC) programme was developed to address the problem of substance relapse while in permanent supportive housing.</li> <li>• To enter the program, clients had to have completed SUD treatment (were 3 months sober) and were all homeless prior to admission.</li> <li>• Peers worked with clients to help them transition from homelessness to having permanent housing. The role of the peer in this study was largely unclear – instead, a lot of attention was paid to the role of the occupational therapist.</li> </ul>



Source Citation (APA)	Key Characteristics	Contributions to this Review	Relevant Findings
	<p>determination, and quality of life” (pp. 205)</p> <ul style="list-style-type: none"> <li>• Peer population: Criteria unclear</li> <li>• Target population: Individuals recovering from substance addiction and homelessness</li> </ul>		
<p>Jozaghi, E., Lampkin, H., &amp; Andresen, M.A. (2016). Peer-engagement and its role in reducing the risky behavior among crack and methamphetamine smokers of the Downtown Eastside community of Vancouver, Canada. <i>Harm Reduction Journal</i>, 13(1), pp. 1-9.</p>	<ul style="list-style-type: none"> <li>• Peer-reviewed: Explored the role of peers in reducing risk factors for morbidity of the crack and methamphetamine users</li> <li>• Peer population: Former or current drug user employed as educators who (1) be a former or current illicit drug smoker; (2) volunteers on the weekly basis at VANDU or other harm reduction locations in the DTES community; and (3)</li> </ul>	<ul style="list-style-type: none"> <li>• Background</li> <li>• Pros and Cons</li> </ul>	<ul style="list-style-type: none"> <li>• Within Vancouver’s Downtown East Side, a peer-driven drug user organization known as VANDU (Vancouver Area Network of Drug Users) “brings together more than 1000 drug users from the area, encourages safe practices by giving drug users the opportunity and voice to design and implement harm reduction interventions that are meaningful to them...” (pp. 3).</li> <li>• In summary, the education the peers were able to offer to users on harm reduction principles for smoking drugs were of great benefit in reducing the risk of the acquisition of blood-borne pathogens and respiratory infections, and in improving overall health and well-being. As this research was done retrospectively to an</li> </ul>



Source Citation (APA)	Key Characteristics	Contributions to this Review	Relevant Findings
	<p>knowledgeable on harm reduction philosophy.</p> <ul style="list-style-type: none"> <li>• Target population: Crack and methamphetamine smokers who (1) have used the [supervised smoking room] in the past; (2) are currently known to be homeless or poorly housed in the neighborhood; and (3) are known to acquire their harm reduction smoking paraphernalia from VANDU</li> </ul>		<p>already existing peer support group, the logistics of the model weren't clear.</p>
<p>Crawford, S., &amp; Bath, N. (2013). Peer support models for people with a history of injecting drug use undertaking assessment and treatment for hepatitis C virus infection. <i>Clinical Infectious Disease</i>, 57(S2), S75-79.</p>	<ul style="list-style-type: none"> <li>• Primary research: Summarized peer support models which have been successful in enhancing assessment and treatment of</li> </ul>	<ul style="list-style-type: none"> <li>• Peer Models</li> </ul>	<p>Peer support models were categorized into two groups:</p> <p>4. Community-controlled peer support models:</p>



	<p>hepatitis C infection among people who inject drugs</p> <ul style="list-style-type: none"> <li>• Peer population: Not specified</li> <li>• Target population: People who inject drugs who have hepatitis C</li> </ul>		<ul style="list-style-type: none"> <li>• Are generally implemented by peer-based drug user organizations in partnership with local service providers.</li> <li>• Consists of one-on-one support during HCV assessment and treatment</li> <li>• Peer workers are part of a multidisciplinary team</li> <li>• Peer roles vary according to service models</li> <li>• Peers are employed, trained, and supervised by local drug user organizations</li> <li>• Two peers worked together to offer mutual peer support</li> </ul> <p>5. Service-generated peer support models</p> <ul style="list-style-type: none"> <li>• Share key element of a biopsychosocial approach to substance use reduction or abstinence and often includes: self-help groups, peer interventions, and therapeutic communities.</li> </ul> <p>Central to both of these models included: A self-help group co-facilitation by peers and service workers or researchers, and a training and mentorship component</p>
<p>Treloar, C., Race, J., Bath, N., Everingham, H., Micallef, M., Day, C., et al. (2015). Evaluation of two community-controlled peer support</p>	<ul style="list-style-type: none"> <li>• Peer-reviewed: Examined the performance of two community-controlled peer support services aimed at</li> </ul>	<ul style="list-style-type: none"> <li>• Peer Models</li> </ul>	<ul style="list-style-type: none"> <li>• The core components of the ETHOS model included the provision of on-site HCV nursing and physician assessment and treatment in clinics with existing infrastructure for addiction</li> </ul>



Source Citation (APA)	Key Characteristics	Contributions to this Review	Relevant Findings
<p>services for assessment and treatment of hepatitis C virus infection in opioid substitution treatment clinics: The ETHOS study, Australia. <i>International Journal of Drug Policy</i>, 26, 992-998.</p>	<p>providing HCV assessment and treatment to those with a history of injection drug use</p> <ul style="list-style-type: none"> <li>Peer population: Current clients of the opioid substitution clinics</li> <li>Target population: Persons utilizing opioid substitution treatment clinics in need of HCV treatment</li> </ul>		<p>care (the majority of services had limited previous experience in providing HCV care).</p> <ul style="list-style-type: none"> <li>Overall, this study found that peer support service was acceptable to clients and clinic staff. All groups of participants noted that the service met its goals of engaging clients, building trusting relationships and providing instrumental support for clients to access HCV treatment.</li> </ul>
<p>The New York State Department of Health AIDS Institute. (n.d.). <i>Standards for foundational training for harm reduction</i>. Available from: <a href="https://www.hivtrainingny.org/FAQDocs/FoundationalTrainingHRPeerWorkers.pdf">https://www.hivtrainingny.org/FAQDocs/FoundationalTrainingHRPeerWorkers.pdf</a></p>	<ul style="list-style-type: none"> <li>Grey literature: Two-page document outlining the necessary components of a foundational training program for harm reduction in peer workers (essentially a high-level curricula for a program)</li> <li>As an aside, this organization holds a number of harm reduction courses which are face-to-face, online, or a webinar. Individuals can work towards a peer</li> </ul>	<ul style="list-style-type: none"> <li>Training and Supervision</li> </ul>	<p>Harm reduction programs were offered to the following types of individuals:</p> <ul style="list-style-type: none"> <li>Those currently interested in progressing toward peer certification and employment as a peer worker;</li> <li>Those who may benefit from the program for individual growth and education but who may be unsure of their interest in peer certification or serving as a peer worker; or</li> <li>Those who may benefit from the program for individual growth or education who have no</li> </ul>



Source Citation (APA)	Key Characteristics	Contributions to this Review	Relevant Findings
	<p>certification program. See website for more details. <a href="https://www.hivtrainingny.org/">https://www.hivtrainingny.org/</a></p> <ul style="list-style-type: none"> <li>• **This document also provides additional information to consider including program evaluation, self-assessment and feedback</li> </ul>		<p>current or future plans to seek certification or career opportunities.</p> <p>Essential topics to be covered in a foundational training program included:</p> <ul style="list-style-type: none"> <li>• Harm Reduction Overview</li> <li>• Overdose Prevention &amp; Response</li> <li>• Syringe Access 101 (SEPs, ESAP, PDSE, Syringe disposal, etc.)</li> <li>• Safer Drug Use Strategies 101 (safer injecting, safer crack smoking, safer sniffing)</li> <li>• Drugs 101</li> <li>• Opioid Agonist Therapies 101 (Buprenorphine, Methadone, etc.)</li> <li>• Cultural competency (PWUD, Sex Workers/Industry, Formerly Incarcerated, LGBTQI)</li> <li>• Hepatitis C &amp; HIV 101</li> <li>• Communication and listening skills</li> <li>• Job readiness</li> </ul>



Source Citation (APA)	Key Characteristics	Contributions to this Review	Relevant Findings
<p>United Way of Greater Toronto. (2003). Engaging users reducing harm: Collaborative Research Exploring the Practice and Results of Harm Reduction. Available from: <a href="http://ekonomos.com/wp-content/uploads/2014/03/Harm-Reduction-Report.pdf">http://ekonomos.com/wp-content/uploads/2014/03/Harm-Reduction-Report.pdf</a></p>	<ul style="list-style-type: none"> <li>• Grey literature: Focused on how to engage persons in harm reduction (including research/evidence, and current harm reduction initiatives in Toronto (at the time of publication in 2003).</li> <li>• For the purpose of our review, only the aspects of harm reduction within a peer setting were examined.</li> </ul>	<ul style="list-style-type: none"> <li>• Background</li> </ul>	<p>Users moved through three states when engaging in harm reduction practices: crisis management, foundational building, and engaging. It was during the engagement phase that the document recommended the integration of peer workers.</p> <p>Overall, peer programs:</p> <ul style="list-style-type: none"> <li>• Allowed users the opportunity to engage in the economy through receiving an income.</li> <li>• Built leadership and community engagement</li> <li>• Broadened the reach of programs to the target groups</li> <li>• Allowed peers to transition themselves to the engagement phase</li> <li>• Overall, though this is an excellent document for the development of a harm reduction program, there was not a lot of peer use in such programs (it was written several times that it is a new concept).</li> </ul>



Source Citation (APA)	Key Characteristics	Contributions to this Review	Relevant Findings
<p>British Columbia Ministry of Health. (2005). <i>Harm reduction: A British Columbia community guide</i>. Available from: <a href="http://www.health.gov.bc.ca/library/publications/year/2005/hrcommunityguide.pdf">http://www.health.gov.bc.ca/library/publications/year/2005/hrcommunityguide.pdf</a></p>	<ul style="list-style-type: none"> <li>• Grey literature: An excellent resource for harm reduction program development including evidence-based strategies.</li> <li>• This resource also has a comprehensive list of drug strategies in British Columbia (see pp. 22).</li> </ul>	<ul style="list-style-type: none"> <li>• Background</li> <li>• Peer Models</li> </ul>	<ul style="list-style-type: none"> <li>• Though the focus of this document was on harm reduction, there were some evidenced-based strategies which integrated the use of peers.</li> <li>• Outreach programs that sought face-to-face contact with drug users provided resources and services to the population of interest. The involvement of peers was an important component of effective outreach as this could help to change group norms and also assisted users with changing their own behaviour.</li> <li>• Peers had greatly enhanced credibility when communicating information about health risks to their peers. Many went on to become advocates for people at risk of substance-related harm.</li> </ul>



Source Citation (APA)	Key Characteristics	Contributions to this Review	Relevant Findings
<p>United Nations Office on Drugs and Crime. (2002). <i>Peer to peer: Using Peer to peer strategies for drug abuse prevention</i>. Available from: <a href="https://www.unodc.org/pdf/youthnet/handbook_peer_english.pdf">https://www.unodc.org/pdf/youthnet/handbook_peer_english.pdf</a></p>	<ul style="list-style-type: none"> <li>• Grey literature: An <u>excellent</u> resource for the development of a peer program</li> </ul>	<ul style="list-style-type: none"> <li>• Background</li> <li>• Peer Models</li> <li>• Operations</li> <li>• Training and Supervision</li> <li>• Peer Role Management</li> </ul>	<p>Included topics such as:</p> <ul style="list-style-type: none"> <li>• Characteristics of a good peer program</li> <li>• How to design and plan a peer program</li> <li>• How to select and match peers to the program</li> <li>• Peer program evaluation</li> </ul>
<p>Harm Reduction Coalition New York City Health. (2012). <i>Peer-delivered syringe exchange toolkit: Models, consideration, and best practices</i>. Available from: <a href="http://harmreduction.org/wp-content/uploads/2012/11/pdse-toolkit-with-links.pdf">http://harmreduction.org/wp-content/uploads/2012/11/pdse-toolkit-with-links.pdf</a></p>	<ul style="list-style-type: none"> <li>• Grey literature: Though this resource is for a peer syringe exchange program, the tools provided could be applied to any peer harm reduction program.</li> </ul>	<ul style="list-style-type: none"> <li>• Background</li> <li>• Peer Models</li> <li>• Pros and Cons</li> <li>• Operations</li> <li>• Training and Supervision</li> <li>• Peer Role Management</li> <li>• Other</li> </ul>	<p>An excellent resource for:</p>



			<ul style="list-style-type: none"> <li>• Establishing priorities of a program</li> <li>• Outlining specific peer program models (with pros and cons) including:             <ul style="list-style-type: none"> <li>• Office/storefront models</li> <li>• Street based</li> <li>• Social network exchange</li> <li>• Delivery (on-call)</li> </ul> </li> <li>• The recruitment and hiring of new peers</li> <li>• Training and orientation</li> <li>• Assessing performance</li> <li>• Determining hours and work location (with sample training structures provided)</li> <li>• Financial compensation (with 6 sample compensation models)</li> <li>• The importance of an identification card that peers may show police if stopped</li> <li>• How to integrate peers into the organization</li> <li>• Supervision and management of peers (including supervision scenarios)</li> <li>• Recognizing and showing appreciation to peers</li> </ul>
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Source Citation (APA)	Key Characteristics	Contributions to this Review	Relevant Findings
<p>Toronto Harm Reduction Task Force. (2003). <i>Peer manual: A guide for peer workers and agencies</i>. Available from: <a href="http://www.ohrdp.ca/wp-content/uploads/2013/03/PeerManual2003.pdf">http://www.ohrdp.ca/wp-content/uploads/2013/03/PeerManual2003.pdf</a></p>	<ul style="list-style-type: none"> <li>• Grey literature: The purpose of this document is to guide drug users, peer workers, and agency workers who serve/employ them on peer programming for harm reduction.</li> </ul>	<ul style="list-style-type: none"> <li>• Background</li> <li>• Operations</li> <li>• Training and Supervision</li> <li>• Peer Role Management</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Assessing performance</li> </ul> <p>An excellent guide on the development and implementation of peer harm reduction programs. This document includes information on the following:</p> <ul style="list-style-type: none"> <li>• Creating a peer program</li> <li>• Recruitment, orientation, and training</li> <li>• Boundaries and confidentiality</li> <li>• Supervision</li> <li>• Compensation (including income reporting for those who receive Ontario Works)</li> <li>• Evaluation</li> <li>• Leaving the agency</li> </ul> <p>There is also an appendix which provides sample documents such as skills inventory assessment tool, time cards, contracts, evaluation</p> <p>Overall, though this is an older resource, it was highly valuable for this review.</p>
<p>United Nations Office on Drugs and Crime. (2012). <i>Staying safe: A</i></p>	<ul style="list-style-type: none"> <li>• Grey literature: The purpose of this manual was to guide</li> </ul>	<ul style="list-style-type: none"> <li>• Training and Supervision</li> </ul>	<p>At a glance, the five days include the following:</p>



Source Citation (APA)	Key Characteristics	Contributions to this Review	Relevant Findings
<p><i>manual to train peer educators in IDU interventions.</i> Available from: <a href="https://www.unodc.org/documents/southasia/publications/training-modules/staying-safe---a-manual-to-train-peer-educators-in-idu-interventions.pdf">https://www.unodc.org/documents/southasia/publications/training-modules/staying-safe---a-manual-to-train-peer-educators-in-idu-interventions.pdf</a></p>	<p>the training of peer educators who work with injection drug users. It is set up as a curriculum for a five-day training session and provides the facilitator with step-by-step instructors for conducting each session. This is an excellent training resource which could be adapted as needed.</p>		<ul style="list-style-type: none"> <li>• Day One: Comprised of sessions that essentially set the context for the themes that will be dealt with in the workshop. These include, sessions on the Targeted Intervention programme under NACO, Understanding Drug Use, Understanding the IDU community, in addition to a separate session on Women and Drug Use which focuses on understanding the challenges faced by FDUs and FSPs. The day ends with a session on Harm Reduction, which is the key intervention strategy designed for IDU projects.</li> <li>• Day Two: Covers aspects of working in a targeted intervention. The concepts of Outreach and Peer Education are discussed by means of various exercises that bring out the rationale and objectives of these methods of working with the community. The participants are subsequently taken through the logistics of conducting outreach in addition to understanding the tools required to collect data from the field. A session on Effective Communication comprehensively outlines the skills and attitudes required by the Peer</li> </ul>



			<p>Educators to successfully motivate members of the community to adopt safer practices and seek health services.</p> <ul style="list-style-type: none"> <li>• Day Three: Focused on technical subjects with sessions on the NSEP and Reporting Formats, Waste Disposal Management, Safer Injecting Practices and Abscess Prevention and Management which will equip the participants with the technical knowledge and skills required in the field.</li> <li>• Day Four: The day begins with a field visit to provide the participants an opportunity to spend time observing a TI project for IDUs and in gaining first-hand exposure to field challenges and strategies for addressing them. A discussion post the field visit is scheduled in order for the participants to share their insights and discuss solutions to challenges faced. The participants are subsequently introduced to two more technical sessions on Overdose Prevention and Management and Safer Sex Practices.</li> <li>• Day Five: Structured in a manner similar to Day Four wherein the participants are engaged in a field visit during the first part of the day. Sessions on health-related topics will follow the post field visit discussion. These include, Understanding Co-morbidities, Understanding</li> </ul>
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Source Citation (APA)	Key Characteristics	Contributions to this Review	Relevant Findings
			ART and Motivating for Services and Opioid Substitution Therapy.
<p>Toronto Drug Strategy Advisory Committee. (2005). <i>The Toronto drug strategy: A comprehensive approach to alcohol and other drugs</i>. Available from: <a href="https://www.toronto.ca/wp-content/uploads/2017/11/9767-torontodrugstrategy-rep-appendix-a-d-2005-aoda.pdf">https://www.toronto.ca/wp-content/uploads/2017/11/9767-torontodrugstrategy-rep-appendix-a-d-2005-aoda.pdf</a></p>	<ul style="list-style-type: none"> <li>• Grey literature: The focus on this report was to make recommendations concerning substance abuse and includes actions in the area of prevention, harm reduction, treatment, and enforcement.</li> </ul>	<ul style="list-style-type: none"> <li>• Background</li> <li>• Other</li> </ul>	<p>Though the focus was not specifically on peers, there were some recommendations concerning the use of peers. Recommendations included:</p> <ul style="list-style-type: none"> <li>• Increase peer involvement and training</li> <li>• Promote opportunities for peer workers to effectively and meaningfully work in and deliver programs</li> <li>• The City of Toronto and provincial government make funding available for supervision, training, and skill development of peer workers</li> <li>• Support the development of a “drug users group” to undertake activities including advocacy, harm reduction initiatives, education, community development and consumer representation.</li> </ul>



Source Citation (APA)	Key Characteristics	Contributions to this Review	Relevant Findings
<p>Vancouver Coastal Health. (2016). <i>Peer framework for health-focused peer positions in the Downtown Eastside</i>. Available from: <a href="http://dtes.vch.ca/wp-content/uploads/sites/6/2016/06/VCH_DTES_Peer_Framework_FINAL_DIGITAL.pdf">http://dtes.vch.ca/wp-content/uploads/sites/6/2016/06/VCH_DTES_Peer_Framework_FINAL_DIGITAL.pdf</a></p>	<ul style="list-style-type: none"> <li>• Grey literature: The purpose of this document was to act as a framework to shape how peers are included in integrated models of community health delivery (comprised of multidisciplinary teams including peers) within Vancouver's Downtown Eastside.</li> </ul>	<ul style="list-style-type: none"> <li>• Background</li> <li>• Operations</li> <li>• Training and Supervision</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• This framework outlines 5 distinct tiered roles (Peer Role 1 → 5). For each role, a number of considerations are made including compensation, training, supervision, and example positions the peer may hold).</li> <li>• For the purpose of this review, considering tiered peer roles might be worth exploring.</li> <li>• This document may be used to initiate discussion and tailored to the needs of external organizations.</li> </ul>
<p>Janssen, P. A., Gibson, K., Bowen, R., Spittal, P. M., &amp; Petersen, K. L. (2009). Peer Support using a Mobile Access Van Promotes Safety and Harm Reduction Strategies among Sex Trade Workers in Vancouver's Downtown Eastside. <i>Journal of Urban Health</i>, 86(5), 804-809. doi:10.1007/s11524-009-9376-1</p>	<ul style="list-style-type: none"> <li>• Peer-reviewed</li> <li>• Target population: Sex workers in Vancouver's Downtown Eastside</li> </ul>	<ul style="list-style-type: none"> <li>• Background</li> <li>• Peer Models</li> <li>• Pros and Cons</li> <li>• Operations</li> </ul>	<ul style="list-style-type: none"> <li>• The Mobile Access Van was a three-year pilot project administrated in partnership by the WISH Drop-in Centre Society (WISH), the Prostitution Alternatives Counselling and Education Society (PACE), and the Vancouver Agreement Women's Strategy Task Team to address violence against women sex workers in the Downtown Eastside. Through MAP, a van service was implemented to provide shelter, resources, and medical help to women working on the street.</li> <li>• Peer workers assisted program coordinators in the operation of the van, provided peer</li> </ul>



Source Citation (APA)	Key Characteristics	Contributions to this Review	Relevant Findings
			<p>counselling, and/or provided outreach, resources, and other information.</p> <ul style="list-style-type: none"> <li>• Van staff and coordinators reported that the women who accessed the van service felt more comfortable and opened up more when they realized that the staff were their peers. Further, ninety-five percent of women who accessed the van service reported that they felt valued by van staff.</li> </ul>
<p>Weafer-Schiarizza, S. (2011). <i>Harm Reduction Evaluation</i>. Retrieved from Parkdale Community Health Centre website: <a href="http://www.pchc.on.ca/assets/files/Evaluation%20of%20the%20Harm%20Reduction%20Program%20at%20PCHC-%202011.pdf">http://www.pchc.on.ca/assets/files/Evaluation%20of%20the%20Harm%20Reduction%20Program%20at%20PCHC-%202011.pdf</a></p>	<ul style="list-style-type: none"> <li>• Peer-reviewed: Secondary research based on surveys, observations, and document review.</li> <li>• Peer population: HIV/AIDS Harm Reduction workers, the Director of Population Health and Community Engagement and the Peer Workers.</li> <li>• Target population: Members of the Parkdale community who used drugs, engaged in sex work, were homeless or under-housed, off-reserve</li> </ul>	<ul style="list-style-type: none"> <li>• Background</li> <li>• Peer Models</li> <li>• Operations</li> <li>• Training and Supervision</li> </ul>	<ul style="list-style-type: none"> <li>• The Harm Reduction program at the Parkdale Community Health Centre was developed to address the spread of HIV/AIDs among the population. Key program staff included the HIV/AIDS Harm Reduction Workers, the Director of Population Health and Community Engagement, and peer workers.</li> <li>• It was the role of the HIV/AIDS Harm Reduction Workers to coordinate the activities of the program, supervise the peer workers and engage in community partnerships.</li> <li>• Activities of the program included: Needle exchange and used needle drop off, providing safer sex materials, clean supplies for</li> </ul>



Source Citation (APA)	Key Characteristics	Contributions to this Review	Relevant Findings
	<p>Indigenous peoples, newcomers to Canada, and youth.</p>		<p>substance use and related activities, education and support for clients with HIV and Hep C, and psychosocial support testing.</p> <ul style="list-style-type: none"> <li>Peer outreach workers were hired from the service population to engage clients through outreach and in the Harm Reduction room. The role of the peer outreach worker was to provide a link between the clients in the community, the HIV/AIDS Harm Reduction worker, and Harm Reduction program.</li> </ul>
<p>Wilson, L., Vannice, S., Hacksel, C., &amp; Leonard, L. (2017). Peer worker or client?: conflicting identities among peer workers engaged in harm reduction service delivery. <i>Addiction Research &amp; Theory</i>, 1-8. doi:10.1080/16066359.2017.1410704</p>	<ul style="list-style-type: none"> <li>Primary research: In- person, semi-structure, qualitative interviews carried out with the managers of peer program initiatives and people with lived experience of drug use who previously</li> </ul>	<ul style="list-style-type: none"> <li>Background</li> <li>Pros and Cons</li> <li>Operations</li> </ul>	<ul style="list-style-type: none"> <li>The study sought to identify challenges surrounding peer programming in Ottawa and provide realistic recommendation for reducing barriers.</li> <li>A number of themes emerged through the interviews, including the peer workers' difficulties in separating their identities as people who use drugs from people who help others. For many peer workers, peer programming was the only work they had been able to obtain – reducing their identities to being only focused on their histories of drug use rather than as more complex individuals</li> </ul>



Source Citation (APA)	Key Characteristics	Contributions to this Review	Relevant Findings
	<p>had been or were engaged in the initiatives in Ottawa.</p> <ul style="list-style-type: none"> <li>• Target Population: Peer support workers, and peer support manager.</li> </ul>		<p>made it difficult for them to move on when they were ready to move on.</p> <ul style="list-style-type: none"> <li>• At each agency, one program manager typically worked with peer workers in a front-line capacity while other filled more managerial capacity – overseeing boarder program operations.</li> </ul>
<p>Polan Kim Breland<sup>3</sup>, B. D., Tupker, E., &amp; Breland, K. (2002). Involving Street Youth in Peer Harm Reduction Education: The Challenges of Evaluation. <i>Canadian Journal of Public Health</i>, 93(5), p322.</p>	<ul style="list-style-type: none"> <li>• Peer-reviewed: A combination of quantitative and qualitative methods were utilized for both process and outcome evaluations.</li> <li>• Target population: Homeless street youth who used drugs in Toronto</li> </ul>	<ul style="list-style-type: none"> <li>• Background</li> <li>• Peer Models Operations</li> </ul>	<ul style="list-style-type: none"> <li>• Developed by the Addiction Research Foundation in collaboration with an advisory group of providers from agencies serving street-involved youth in Toronto. Few educational materials were available that were tailored specifically to the needs and life contexts of this population, and it was evident that a harm reduction approach was required.</li> <li>• Members of the youth team reported favorably on the experience, citing friendship, skills development, fun, and pride of accomplishment among the key benefits of participation.</li> <li>• Devoting more resources to evaluation could give proportional attention to data collection as well as data analysis and focused not only on</li> </ul>



Source Citation (APA)	Key Characteristics	Contributions to this Review	Relevant Findings
<p>Bassuk, E. L., Hanson, J., Greene, R. N., Richard, M., &amp; Laudet, A. (2016). Peer-Delivered Recovery Support Services for Addictions in the United States: A Systematic Review. <i>Journal of Substance Abuse Treatment</i>, 63, 1-9. doi:10.1016/j.jsat.2016.01.003</p>	<ul style="list-style-type: none"> <li>• Peer-reviewed</li> <li>• Target population: Individuals recovering from alcohol and drug addiction</li> </ul>	<ul style="list-style-type: none"> <li>• Background</li> <li>• Peer Models Operations</li> </ul>	<p>product development but also on its dissemination and impact.</p> <ul style="list-style-type: none"> <li>• Peer workers provided nonprofessional, non-clinical assistance to achieve long-term recovery from substance abuse and other drug addiction. The peer-based recovery services were delivered through formal structures and specialized roles for peers.</li> <li>• Participation of peers in recovery support interventions had a positive impact on participants and made a positive contribution to substance use outcomes. While the research findings indicated that peer support programs were effective, more research is still needed to determine the effectiveness of different approaches and types of peer support services with regard to the amount, intensity, skill level of the peers, service context, and effectiveness among different target populations.</li> </ul>



Source Citation (APA)	Key Characteristics	Contributions to this Review	Relevant Findings
<p>Paterson, B. L., &amp; Panessa, C. (2008). Engagement as an ethical imperative in harm reduction involving at-risk youth. <i>International Journal of Drug Policy</i>, 19(1), 24-32. doi:10.1016/j.drugpo.2007.11.007</p>	<ul style="list-style-type: none"> <li>• Peer-reviewed: A review of published research about the efficacy of harm reduction interventions for at-risk youth was undertaken</li> <li>• Target population: At-risk youth in Vancouver's Downtown Eastside</li> </ul>	<ul style="list-style-type: none"> <li>• Background</li> <li>• Peer Models Operations</li> <li>• Training and Supervision</li> </ul>	<ul style="list-style-type: none"> <li>• This study examined the association between adherence to antiretroviral medication in a group of women sex workers in Vancouver's downtown eastside area and: (1) exposure to a peer-driven intervention designed to increase uptake and adherence and (2) risk behaviour factors previously shown to be associated with reduced adherence, including injection or smoked drug use and housing instability. At-risk youth who participated in the design of harm reduction interventions identified ways for maintaining anonymity and confidentiality 'on the streets'.</li> </ul>
<p>Deering, K. N., Shannon, K., Sinclair, H., Parsad, D., Gilbert, E., &amp; Tyndall, M. W. (2009). Piloting a Peer-Driven Intervention Model to Increase Access and Adherence to Antiretroviral Therapy and HIV Care among Street-Entrenched HIV-Positive Women in Vancouver. <i>AIDS Patient Care and STDs</i>, 23(8), 603-609. doi:10.1089/apc.2009.0022</p>	<ul style="list-style-type: none"> <li>• Peer-reviewed</li> <li>• Target population: Female sex workers who used illicit substances in Vancouver</li> </ul>	<ul style="list-style-type: none"> <li>• Background</li> <li>• Peer Models</li> <li>• Pros and Cons Operations</li> </ul>	<ul style="list-style-type: none"> <li>• A peer-driven intervention (PDI) was developed to support uptake and adherence to highly active antiretroviral therapy (HAART) among women sex workers who used illicit substances in Vancouver, because uptake and adherence continues to be suboptimal. PDI participation included weekly peer support meetings, a health advocate (buddy) system, peer outreach service, and onsite nursing care. Adherence was measured directly with</li> </ul>



Source Citation (APA)	Key Characteristics	Contributions to this Review	Relevant Findings
			<p>pharmacy records (PR) and indirectly with self-report and viral load (VL) outcomes.</p> <ul style="list-style-type: none"> <li>• Despite a very difficult environment to provide HIV care, there was evidence to suggest that the PDI may have had a positive impact on adherence outcomes. Although this would not predict long-term treatment success, the PDI approach to HIV treatment support is a promising program for women who might otherwise be excluded from treatment altogether.</li> </ul>
<p>Markwick, N., Ti, L., Callon, C., Feng, C., Wood, E., &amp; Kerr, T. (2014). Willingness to engage in peer-delivered HIV voluntary counselling and testing among people who inject drugs in a Canadian setting. <i>Journal of Epidemiology and Community Health</i>, 68(7), 675-678. doi:10.1136/jech-2013-203707</p>	<ul style="list-style-type: none"> <li>• Peer-reviewed</li> <li>• Target population: Individuals who are HIV/AIDS positive, and those who used safe injection sites in Vancouver's Downtown Eastside</li> </ul>	<ul style="list-style-type: none"> <li>• Background</li> <li>• Peer Models</li> <li>• Operations</li> <li>• Training and Supervision</li> <li>• Peer Role Management</li> </ul>	<ul style="list-style-type: none"> <li>• The program provided peer driven HIV/AIDS, counselling and testing. Peer workers in the program took the role of counsellors and administered HIV/AIDS tests.</li> <li>• There was high willingness to receive peer-delivered HIV volunteer counselling and testing among people who injected drugs. However, willingness was determined by several factors such as previous exposure to peer-delivered programming. This peer-delivered approach improved access to HIV testing among people who injected drugs.</li> </ul>



Source Citation (APA)	Key Characteristics	Contributions to this Review	Relevant Findings
<p>Closson, K., McNeil, R., McDougall, P., Fernando, S., Collins, A. B., Baltzer Turje, R., ... Parashar, S. (2016). Meaningful engagement of people living with HIV who use drugs: methodology for the design of a Peer Research Associate (PRA) hiring model. <i>Harm Reduction Journal</i>, 13(1). doi:10.1186/s12954-016-0116-z</p>	<ul style="list-style-type: none"> <li>• Peer-reviewed</li> <li>• Target population: Veterans who were cared for by the Mental Health Intensive Case Management (MHICM) teams</li> </ul>	<ul style="list-style-type: none"> <li>• Background</li> <li>• Peer Models</li> <li>• Pros and Cons</li> <li>• Operations</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• As part of a larger study, the purpose of this research was to describe the integration of Peer Support Technicians (PSTs) within three Veterans Administration mental health clinical team using the stages of the Simpson Transfer Model (STM): Exposure, adoption, implementation, and practice.</li> <li>• Though peer roles varied according to the assigned MHICM clinical team, each team utilized the STM to integrate PSTs into their specific program. Once integrated, peers moved through a certification curriculum as part of their training process. At the time this research was undertaken, only one peer has been successfully integrated into the MHICM clinical team. As the purpose of this research was to describe the integration of PSTs, the impact of the PST role within this setting had yet to be evaluated.</li> </ul>



Source Citation (APA)	Key Characteristics	Contributions to this Review	Relevant Findings
<p>Marshall, Z., Dechman, M., Minichiello, A., Alcock, L., &amp; Harris, G. (2015). Peering into the literature: A systematic review of the roles of people who inject drugs in harm reduction initiatives. <i>Drug and Alcohol Dependence</i>, 151, 1-14. doi:10.1016/j.drugalcdep.2015.03.002</p>	<ul style="list-style-type: none"> <li>• Both-peer reviewed and grey literature</li> </ul>	<ul style="list-style-type: none"> <li>• Background</li> <li>• Operations</li> <li>• Training and Supervision</li> <li>• Peer Role Management</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• People who inject drugs have been central to the development of harm reduction initiatives. Referred to as peer workers, peer helpers, or natural helpers, people with lived experience of drug use leverage their personal knowledge and skills to deliver harm reduction services. Addressing a gap in the literature, this systematic review focused on the roles of people who inject drugs in harm reduction initiatives, how programs are organized, and obstacles and facilitators to engaging people with lived experience in harm reduction programs, in order to inform practice and future research.</li> <li>• All titles and abstracts were screened by two reviewers. A structured data extraction tool was developed and utilized to systematically code information concerning peer roles and participation, program characteristics, obstacles, and facilitators</li> <li>• Current evidence provides good descriptive content but the field lacks agreed-upon approaches to documenting the ways peer workers contribute to harm reduction initiatives.</li> </ul>



Source Citation (APA)	Key Characteristics	Contributions to this Review	Relevant Findings
			<p>Implications and ten strategies to better support peer involvement in harm reduction programs were identified.</p> <ul style="list-style-type: none"> <li>• There were significant obstacles and facilitators to peer involvement in harm reduction initiatives – particularly at the systemic level. External factors such as criminalization, stigmatization, and abstinence-based policy environments impact many aspects of harm reduction work and may be more difficult for researchers and people leading harm reduction programs to address.</li> </ul>
<p>Mason, Kate. (2006). <i>Best practices in harm reduction peer projects</i>. Toronto: Street Health.</p>	<ul style="list-style-type: none"> <li>• Peer-reviewed: Research study combining primary and secondary research</li> <li>• Target population: peer support workers and program staff</li> </ul>	<ul style="list-style-type: none"> <li>• Background</li> <li>• Peer Models</li> <li>• Pros and Cons</li> </ul>	<ul style="list-style-type: none"> <li>• Sought to identify the actions, principles and processes that could be considered best practices in harm reduction peer education initiatives that address the needs of illicit drug users.</li> <li>• Participants felt that the stigma around drug use, and of being a drug user, was still fierce and harmful. Drug use often became a license</li> </ul>



Source Citation (APA)	Key Characteristics	Contributions to this Review	Relevant Findings
			<p>for others (staff, board members, police) to mistreat peer workers as a major challenge.</p> <ul style="list-style-type: none"><li>• Participants expressed the unique boundary issues and difficult transitions that peers faced as they attempted to live and work in the same environment.</li><li>• Several participants felt that adequate and effective training for peers was critical to a successful project. Participants singled out communication and counselling skills as important training areas. Participants cited rewarding peers both financially and with a sense of accomplishment as a best practice. Many felt that rewarding peers financially for their participation was vital, even if only through bus tickets or food. Ensuring that peer workers also experience success, on a personal level.</li></ul>



Source Citation (APA)	Key Characteristics	Contributions to this Review	Relevant Findings
<p>Carter, R., Cust, F., &amp; Boath, E. (2017). Peer support workers' experiences of supporting women with postnatal depression: a constant comparative exploration. <i>Journal of Reproductive and Infant Psychology</i>, 36(2), 168-176. doi:10.1080/02646838.2017.1416336</p>	<ul style="list-style-type: none"> <li>• Peer-reviewed</li> <li>• Target population: Mothers suffering from postnatal depression (PND)</li> </ul>	<ul style="list-style-type: none"> <li>• Background</li> <li>• Peer Models</li> <li>• Operations</li> <li>• Training and Supervision</li> <li>• Peer Role Management</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• A randomized controlled trial was conducted that compared health outcomes between two groups of mothers with PND. One group sought routine care services with peer support, and the other group sought services without peer support.</li> <li>• Several peer workers noted that the perceptions of their role evolved throughout their support work. Inspired by their experiences, three of eight peer workers went onto pursue work in counselling or therapy settings.</li> </ul>